



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MOTORCYCLE INSTRUCTOR NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR REQUEST WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED REQUEST AND ALL ATTACHMENTS.

1. NAME – Indicate your name as it appears on your license in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. LICENSE NUMBER – Indicate your complete license number as it appears on your license.
3. DATE OF BIRTH – Indicate your birth date.
4. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:
www.texasattorneygeneral.gov/cs or call (512) 460-6000 or (800) 252-8014
5. REQUEST TYPE – Check the appropriate box that applies to your request.
6. REQUESTING NAME CHANGE – Provide your new legal name in the space provided. You must submit a copy of a legal document approving your name change (ex: Driver's License, Birth Certificate or Marriage Certificate). I
7. CHANGE OF MAILING ADDRESS – Provide your updated current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. CHANGE OF PHYSICAL ADDRESS – Provide your updated physical address. This address cannot be a post office box.
9. CHANGE OF EMAIL ADDRESS – Provide your updated email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
10. CHANGE OF PHONE NUMBER – Provide your updated telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
11. SIGNATURE – Sign and Date your request form. Changes to your record cannot be made if your request is not signed.

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request and all attachments.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday from, 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MOTORCYCLE INSTRUCTOR NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

This completed form must be accompanied by all required documents.

1. Name:

Last, First, Middle Name, Suffix (Jr., Sr., III)

2. License Number:

3. Date of Birth:

Month/Day/Year

4. Social Security Number:

See Instruction Sheet for Disclosure Information

5. Request Type: (Check the box that applies to your request)

- ☐ Requesting a duplicate of my license.
☐ Requesting to update my license as I have indicated below.

NAME CHANGE

6. Requesting Name Change: (Submit a copy of a government ID or legal document approving your name change)

Last, First, Middle Name, Suffix (Jr., Sr., III)

CONTACT INFORMATION CHANGE

7. Change of Mailing Address:

P.O. Box, Number, Street Name/Apartment Number, City, State, Zip Code

8. Change of Physical Address: (PO box cannot be used for this address)

Street Number, Street Name/Apartment Number, City, State, Zip Code

9. Change of Email Address:

ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

10. Change of Phone Number:

(Area Code) Phone Number

11.

SIGNATURE

Signature of Applicant

Date Signed